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Introducing transcultural nursing education: Implementation of transcultural nursing in the postgraduate nursing curriculum

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Abstract

Patients are entitled to culturally competent care. Nurses must be prepared to recognize patients' needs that derive from their culture and to develop skills that will facilitate their achievement. Nursing curricula therefore need to include a cultural content and student nurses need to be culturally competent. The aim is to use cultural knowledge to deliver culturally sensitive and congruent care. Transcultural nursing education does not exist as a course in undergraduate or postgraduate nursing programs in Slovenia. In an effort to advance the diversity of elective courses in the postgraduate nursing program at the Faculty of Health Sciences of the University of Primorska, we tried to develop and introduce transcultural nursing into the existing curriculum. The aim of the paper is to outline the development of transcultural nursing content as it was set in the course curriculum and planned teaching and learning approaches.

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1. Introduction

European Union statistics are showing an increasing and continuing movement of peoples within and from outside Europe. This very often occurs for social or employment reasons, as well as political ones (Sairanen et al., 2013). In 2012, there were 2,056,262 people registered as living in the Republic of Slovenia. At the beginning of 2013, there were 91,385 residents with foreign citizenship registered. The majority of them had migrated from

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within Europe, foremost from the ex-Yugoslav countries (Bosnia and Herzegovina, Kosovo, Serbia, Croatia, Macedonia). However, there were also registered residents from Africa, Asia, South, Central and North America, Australia and Oceania (SORS, 2013). There are two official national minorities in the Republic of Slovenia, the Italian and Hungarian national communities, as well as the Roma ethnic community. All three are protected by the Constitution.

Nursing is a profession that is based on a holistic approach to health care delivery. This also includes taking into account patients' cultural needs. Culturally congruent health care is a basic human right, not a privilege, so every human being should be entitled to culturally congruent care (Jeffreys, 2006). Since the cultural diversity of the population is increasing, there are also national concerns in relation to health disparities (Buzeti et al., 2011; Loredan and Prosen, 2013). This has facilitated increased awareness of the importance of delivering culturally sensitive and congruent care and of promoting socially just health care systems. Indeed, an important component of eliminating health disparities among different segments of the population is the incorporation of a deeper understanding of the multicultural context in which care is delivered (Tulman and Watts, 2008, p. 161). Transcultural nursing, an area of study and practice with a human care focus developed by Madeleine M. Leininger, has led to the development of nursing knowledge and skills to improve patient care (Nahas, 2000).

In Slovenia, a large proportion of teaching in nursing education has been carried out by doctors, although their share is now decreasing. The nursing educational system in Slovenia has been reformed several times in the last few decades. Entering nursing is now possible at two levels of education: either by finishing vocational secondary school and becoming a nursing assistant or by taking a diploma level course in nursing at a university and becoming a nurse (Domajnko and Pahor, 2010, p. 306). The first master's program in nursing was opened to students in Slovenia in 2007 (Skela Savič, 2009). Nursing education in Slovenia is nowadays conducted in accordance with the EU Directive (2005) for regulated professions, in accordance with the Bologna Process and other guidelines relating to the education of nurses (Skela Savič, 2009). The changes made provide an opportunity to transform the nursing educational environment to reflect diversity and cultural competence in the broadest manner (de Leon Siantz, 2008). Brennan and Cotter (2008) suggest that the need to incorporate cultural competence education in programs of study is a major goal of many nursing curricula. Some would argue that such a task is not an easily achievable goal, since faculty would be challenged to become more informed about the cultural dimensions of health care. Integration of cultural competence into nursing curricula is a daunting challenge, albeit a moral imperative for faculty (Watts, Cuellar and O'Sullivan, 2008, p. 136). In an effort to introduce the concept of transcultural nursing in the nursing curricula at the Faculty of Health Sciences of the University of Primorska, we have developed an elective course entitled "Transcultural nursing" in the postgraduate nursing program. Undergraduate nursing students are meanwhile introduced to some selected topics on transcultural nursing during the course "Sociology of Health and Illness" in the 6th semester.

In 1986, the American Nurses Association issued its first guidelines on cultural diversity in nursing curricula (Campinha-Bacote, 2006), although this is still being developed in Slovenia. The aim of the paper is to outline the development of transcultural nursing content as it was set in the course curriculum and planned teaching and learning approaches.

2. The concept of cultural competences

In order to obtain a comprehensive understanding of the concept, the meaning of the word culture needs to be clarified. Culture can be defined as the learned and shared knowledge and symbols that specific groups use to interpret their experience of reality and to guide their thinking and behaviour. A distinct way of looking at the world, people, relationships and events that make up a culture may be unique to an ethnic group or it may be a worldview that is shared by a nation (Dreachslin, Gilbert and Malone, 2012, p. 109). Competence, on the other hand, is inconsistent in its definition and there is no single agreed method of defining or measuring competence among researchers (O'Connor et al., 2009). However, from a nursing perspective, competence can be defined as the combination of skills, knowledge, attitudes, values and abilities that underpin effective and/or superior performance in a profession/occupational area (ANMC, 2005). Cultural competence involves systems, agencies and providers having the ability to respond to the unique needs of populations whose cultures are different from the "dominant" culture (Cuellar et al., 2008). This requires nurses to see themselves as "becoming" culturally competent, rather than

“being” culturally competent (Campinha-Bacote, 2001). This view is consistent with the notion of cultural competence as a process, not an end point or event (Engebretson, Mahoney and Carlson, 2008). Campinha-Bacote (2001) thus describes the development of cultural competence as an ongoing process that includes cultural awareness, cultural knowledge, cultural skills, cultural encounters and cultural desire. Mahoney, Carlson and Engebretson (2006, p. 231) emphasise that cultural competency begins with an increased self-awareness of the practitioner’s own attitude towards cultural diversity and an increased awareness of the cultural dynamics inherently associated with any interaction between two individuals. According to Jeffreys (2010, p. 338S), cultural competence is defined as a multidimensional learning process that integrates transcultural skills (cognitive, practical, affective), involves transcultural self-efficacy (confidence) as a major factor and aims to achieve culturally congruent care. The goal of culturally congruent care can only be achieved through the process of developing (learning and teaching) cultural competence.

2.1. Transcultural nursing

Transcultural nursing is a theory of nursing concerned with comparing differences and similarities between cultures in relation to caring values and life practices in order to predict the care needs of individuals and promote culturally congruent care. It focuses on the universality of human caring and the comparative study and analysis of the diversity and dynamics of world cultures in relation to human caring values, beliefs and behaviours. In transcultural nursing, cross-cultural care is nurses’ understanding and application of the relevant culture’s caring actions, health care information and knowledge in order to meet a patient’s health care needs effectively (Leininger and McFarland, 2002). Leininger (2002) was the first successfully to implement cultural competences in nursing practice, with the development of the Culture Care Diversity and Universality Theory. Leininger’s theory is based on the premise that culturally diverse factors such as religion, politics, economics, worldview, environment, cultural values, history, language, gender and others influence patient care. Consequently, these factors need to be included for culturally competent care.

Research based on transcultural nursing theories has produced a large body of knowledge about various cultural groups’ health beliefs and practices. The overall goal of transcultural nursing is to use this accumulated base of cultural knowledge to develop nursing actions that will promote positive health behaviour among patients and foster culturally sensitive and congruent care (Campesino, 2008).

3. Transcultural nursing education

In view of the nursing shortage, nursing schools will need to look increasingly to the diversity of underrepresented groups for the next generation of nurse educators, researchers, health care providers and organizational and public policy leaders, even while reaching out to more global and complex markets in the health care arena (de Leon Siantz, 2008). Education of nurses in Slovenia is in accordance with the EU Directive (2005) for regulated professions, which in turn means that our future nurses may seek work abroad, in countries with greater cultural diversity than there is in Slovenia. A need thus exists to transform health educational environments and make diversity in cultural competence a top priority in the strategic plan, budget and leadership infrastructure. It also represents a commitment to excellence (de Leon Siantz, 2008). If we are to deliver culturally sensitive health care, then nurses must be prepared to recognize such a need and develop skills that will facilitate its achievement (Sairanen, et al., 2013). Numerous professional and educational approaches to cultural competences, including several educational strategies and models, are available, especially in nursing (Andrews et al., 2010).

It is indisputable that the principles of transcultural nursing are important to nursing care of patients (Serrant-Green, 2001), wherein education plays an important role. Socially constructed differences that exist between the nurse and patient on the basis of cultural, racial or ethnic identities are capable of being bridged by an increase in nursing knowledge about other cultures (Campesino, 2008, p. 300). Nursing education would appear to be the ideal vehicle by which transcultural competence can be developed within current and future nursing practice, since it plays a major role in the development of the skills, knowledge and attitude of nurses in providing individualized and appropriate care for patients (Serrant-Green, 2001, p. 673).

3.1. *The development process*

According to Jeffreys (2006), any educational setting can provide numerous, ongoing opportunities for promoting cultural competence; however, the academic setting has the greatest impact. The postgraduate nursing program at the University of Primorska Faculty of Health Sciences provides learning opportunities for master's students to advance their education and, consequently, improve their clinical practice. The master's study program in nursing care takes two years. In an effort to include additional elective courses in the second year, the development of different courses began in 2013. One of them was "Transcultural nursing".

The development process began with the self-assessment proposed by Jeffreys (2006, pp. 77-79), who described it as a process in which the nurse educator systematically appraises the various dimensions that can impact on the educational process and the achievement of educational outcomes. Embedded in this self-assessment is the appraisal of one's understanding of multidimensional factors influencing nursing student learning, achievement, retention, success and cultural competence development. The self-assessment of those involved in the development process also leads to seeking education in other academic fields, e.g., sociology or pedagogy. Appraisal of one's desire for updated knowledge and commitment, as suggested by Jeffreys (2006), should be critically determined. In her opinion, a lack of knowledge or limited knowledge regarding cultural competences indicates a need for self-development; however, one must have the desire to obtain knowledge and be committed to the pursuit of such an endeavour or knowledge quest. Faculty self-assessment as an "active promoter of cultural competence development" is a necessary precursor for successful strategy development (Jeffreys, 2006, p. 80).

3.2. *Outline of the course content*

The elective course consists of 25 hours (3 ECTS), divided between 15 hours of lectures and 10 hours of laboratory work. The estimated time of individual student work is 45 hours.

The course philosophy is derived from social interactionism. The theoretical knowledge that students need to gain is based on the "Core Curriculum for Transcultural Nursing and Health Care" (2010), which was presented by the Journal of Transcultural Nursing and The Transcultural Nursing Society. However, some modifications were made in order to reflect the Slovenian context of nursing. This "Core Curriculum" aims to establish a core base of knowledge that supports transcultural nursing practice. The body of knowledge is drawn from a broad range of substantive knowledge from the social and behavioural sciences, philosophy and nursing. The aim of the course curriculum is to introduce transcultural nursing concepts from a wider perspective and not to base knowledge only on one model of transcultural nursing. Nevertheless, the main conceptual framework for implementation of various learning and teaching methods was based on Camphina-Bacote's cultural awareness, cultural knowledge, cultural skills, cultural encounters and cultural desire (2006). Campesino (2008), for instance, put forward the fact that models of transcultural nursing care address contextual variables within an identified cultural group that influence people's world views; these influencing factors are usually regarded as existing and functioning independently of other cultural groups and not being affected by the larger structures of the dominant society. However, in the course, the set structure of theoretical knowledge addresses the issue of structural systems of power within the nurse-patient relationship and health care.

The theoretical framework addresses eight major themes: global health challenges; systems of health care delivery; transcultural theories and models; cross-cultural communication; culturally based health and illness beliefs and practices; culturally based healing and care modalities; cultural health assessment; professional roles and attributes of transcultural nursing. All of the themes also focus on the Slovenian social context and health care organization. In accordance with this, the general learning objectives of the course include the development of understanding of social determinants of health and their impact on health disparities, the influence of the health care system and its ability to deliver health care to a culturally diverse population, the functioning of theories and models of transcultural nursing, the elements of cross-cultural communication and the importance of health literacy, the meaning of health and illness beliefs and practices in delivering culturally congruent care, the role of cultural health assessment and an awareness of a person's own professional roles in cross-cultural nursing care.

Gerrish and Papadopoulos (1999) suggest that nurses need to develop both culturally specific and generic cultural competence. The latter incorporates knowledge and skills acquisition that is applicable across ethnic groups, while

culture-specific competence entails the development of knowledge and skills related to a particular ethnic group, as well as insights into the beliefs and values about health, illness and bodily functions that operate within patients' cultures. Jeffreys (2010) describes these as cognitive learning dimensions. Among other learning dimensions, she also highlights the practical learning dimension, which includes motor skills or the practical application of skills and the affective learning dimension, which is concerned with attitudes, values and beliefs crucial for developing professional values and beliefs. The course specific competences that students need to develop include the ability to use concepts and models of transcultural nursing in everyday clinical practice, the ability to perform evidence based nursing to achieve higher patient satisfaction and better outcomes, the ability critically to appraise their own values, beliefs and attitudes regarding their own cultural heritage and to assess the influence of the latter on transcultural nursing performance, the ability to know, understand and acknowledge the practices of other cultures with which we coexist; the ability to plan and perform the promotion of social justice and advocacy in cooperation with patients, families, the local community and other allied health professionals, the ability to use culturally sensitive verbal and non-verbal communication during nursing care delivery, the ability for personal and professional growth and in an altruistic manner to transfer gained knowledge and skills to co-workers.

3.3. Teaching and learning methods used

Various teaching and learning methods were planned on the basis of the curriculum learning outcomes and competences that need to be obtained through the course. These methods were developed using literature review and in accordance with the set course objectives. The methods planned are flexible and not rigorously fixed on only one course objective (Table 1). Jeffreys (2010) describes this as “cultural discovery integrated learning activity”.

Table 1: Planned learning and teaching methods vs. Course objectives.

<i>Course objectives</i>	<i>Some of the planned learning and teaching methods</i>
Cultural awareness	Lectures Films, videos Internet resources Textbooks and reading assignments without grading Small group activity (case scenarios) Debate
Cultural knowledge	Lectures Face-to face learning Presentations Case studies Paired group activity
Cultural skills	Laboratory work Simulation in a simulator laboratory (case scenarios) Role play Experiential learning methods Debriefing
Cultural encounters	Clinical practice Cultural immersion experience (clinical setting) Reflective writing Mentoring

The first step in developing cultural competence begins with “cultural desire”, which is reflected in a way in the electiveness of the course. The course needs to be promoted among students and introduced to students in the undergraduate study programs. The goal is that students' selection of the course is based on their own desire to study transcultural nursing. The aim of developing “cultural knowledge” is to gain knowledge of diverse cultural groups in order to deliver culturally appropriate health care (Law and Muir, 2006). The emphasis will be on the cultural groups that students come into contact with more often in the health care system in Slovenia. The process of developing practical “cultural skills” starts in the simulation laboratory, where teachers and students will perform numerous case scenarios, including a case scenario that students will prepare by themselves. The work in the simulation laboratory will be videotaped and discussed. The emphasis at this stage will be on cultural assessment of the patient and interviewing skills. “Cultural encounters” is by no means the final stage, however, but refers to the

point at which students need to transfer the knowledge gained into clinical practice, into nurse-patient interaction. The fact that the majority of students' enrolled in the master's programme are already employed in clinical settings, enables them to experience transcultural nursing concepts practically and to build on previously learned clinical experience. In this phase, students will be encouraged to participate in follow-up consultation with the supervising mentor or teacher.

Assessment of the students' knowledge will consist of a written exam (summative assessment, 80% weighting) and laboratory work assignment (case scenario, role play) with oral defence (formative assessment, 20% weighting). At end of the course, students will evaluate some of the aspects of their cultural growth during this course and complete the overall course evaluation. Systematic curriculum evaluation via quantitative and qualitative methods will help to identify curriculum strengths, weaknesses, inconsistencies and gaps (Jeffreys, 2006, p. 82).

4. Conclusion

Integration of cultural content into the nursing curriculum is needed because the population's diversity is increasing. Theoretical and practical knowledge will help students to link cultural competences with evidence-based practice, which will allow them to become more culturally competent practitioners. As a result, we can expect patients to be approached holistically and culturally congruent care to be delivered. However, from an academic perspective teaching transcultural nursing is a major challenge. Implementing a curriculum that prepares nursing students to become culturally competent requires the commitment of faculty and support of the academic administration (Easterby et al., 2012). Teaching transcultural nursing demands continuous self-assessment. Embedded in this self-assessment is an appraisal of one's understanding of the multidimensional factors influencing nursing student learning, achievement, retention, success and cultural competence development. In this regard, the flexibility of the curriculum plays a pivotal role because it outlines the future teaching and learning strategy.

According to de Leon Siantz (2008), diverse and culturally competent organizations are becoming prized resources in health care systems and, as such, setting the standards for organizational excellence. It is time for nursing schools to seize the opportunity and become models of excellence for the health care system by embracing diversity and cultural competence in their curriculum. At a time of global migration this appears to be no longer a choice but a requirement.

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